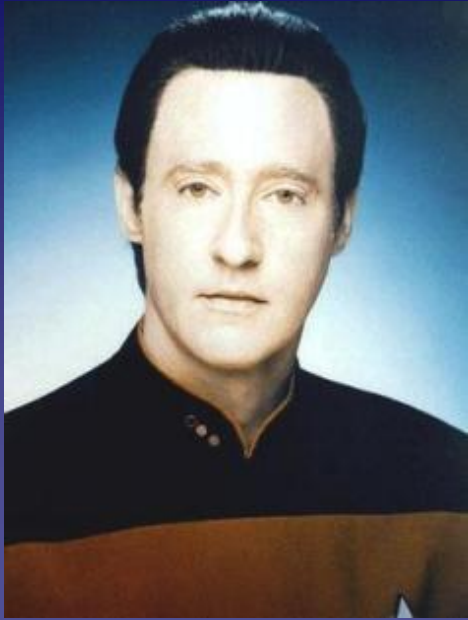


The National Center for the Review and Prevention of Child Deaths

Case Reporting System





Part One

Building the Data System

How States were Using Their Data:

- To develop action plans based on their recommendations
- To keep or increase CFRT grant funding
- To meet legislative mandates.
- To report out fatality data

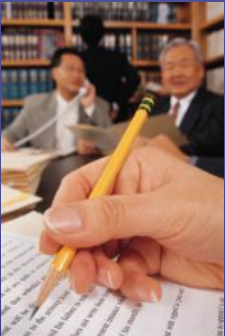
State of the States in 2003

- CDR in 49 states; 44 states had a case report tool
- 39 states published an annual report with findings and recommendations
 - 18 states had legislation that requires a report on child death
- However, there was no consistency among any state case report tools or state reports

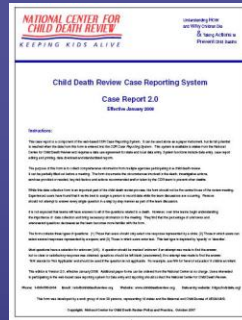


From One Review to Many Reports

Case Review



Case Report



Local Report
or DCFS
required
report



State
Report



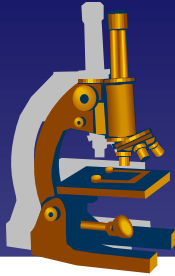
National
Reports



Clearing Up the Confusion on the Reporting of Death Investigation and Review Team Findings



The Scene



The Pathologist

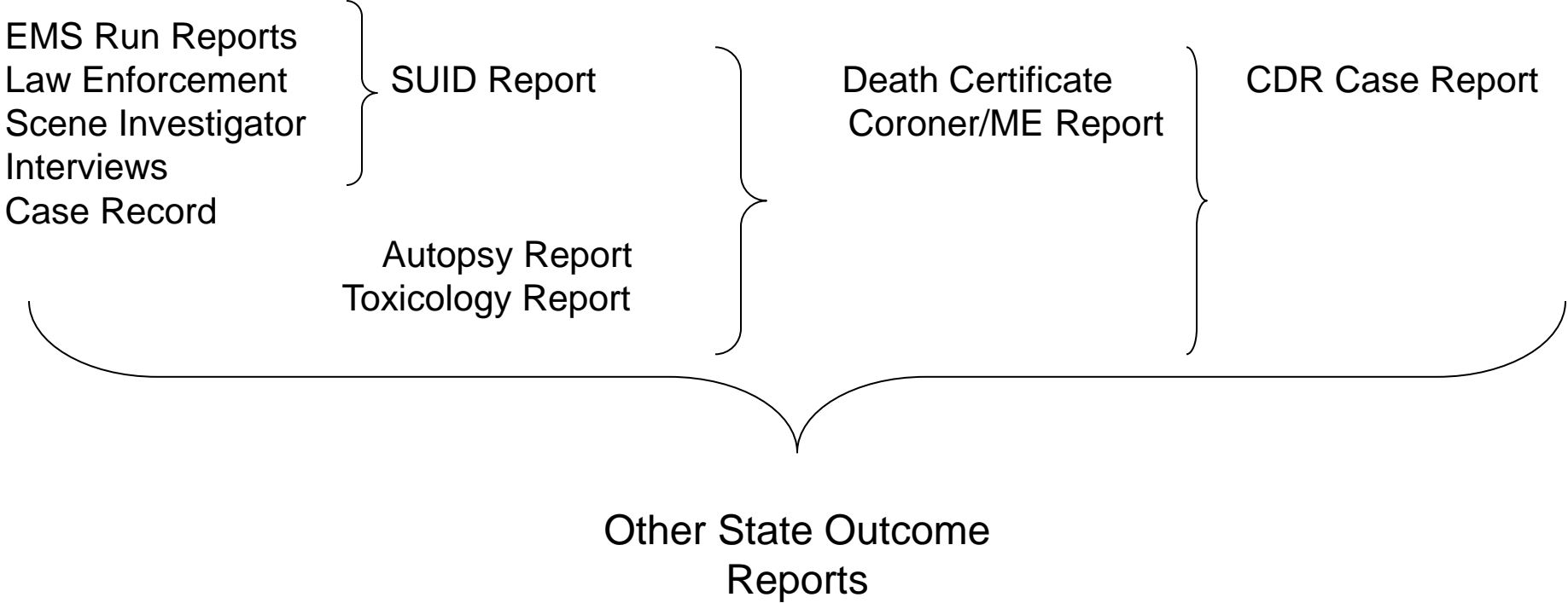


The Coroner/
Medical Examiner



The Death Review

Reports that Feed into Other Reports



Building the System

- Funded by Maternal and Child Health Bureau, HRSA, HHS. Built and managed by MPHI
- A 30 person workgroup of 18 states over two years, analyzed 32 existing state case report forms
 - Developed standard data elements, data dictionary, and 33 standardized reports
 - Piloted in 17 states for 18-24 months
- Work Group reconvened and made changes based on pilot test. Version 2.0 deployed January 2008, 2.1 January 2010.
- SUID Version 2009-2011

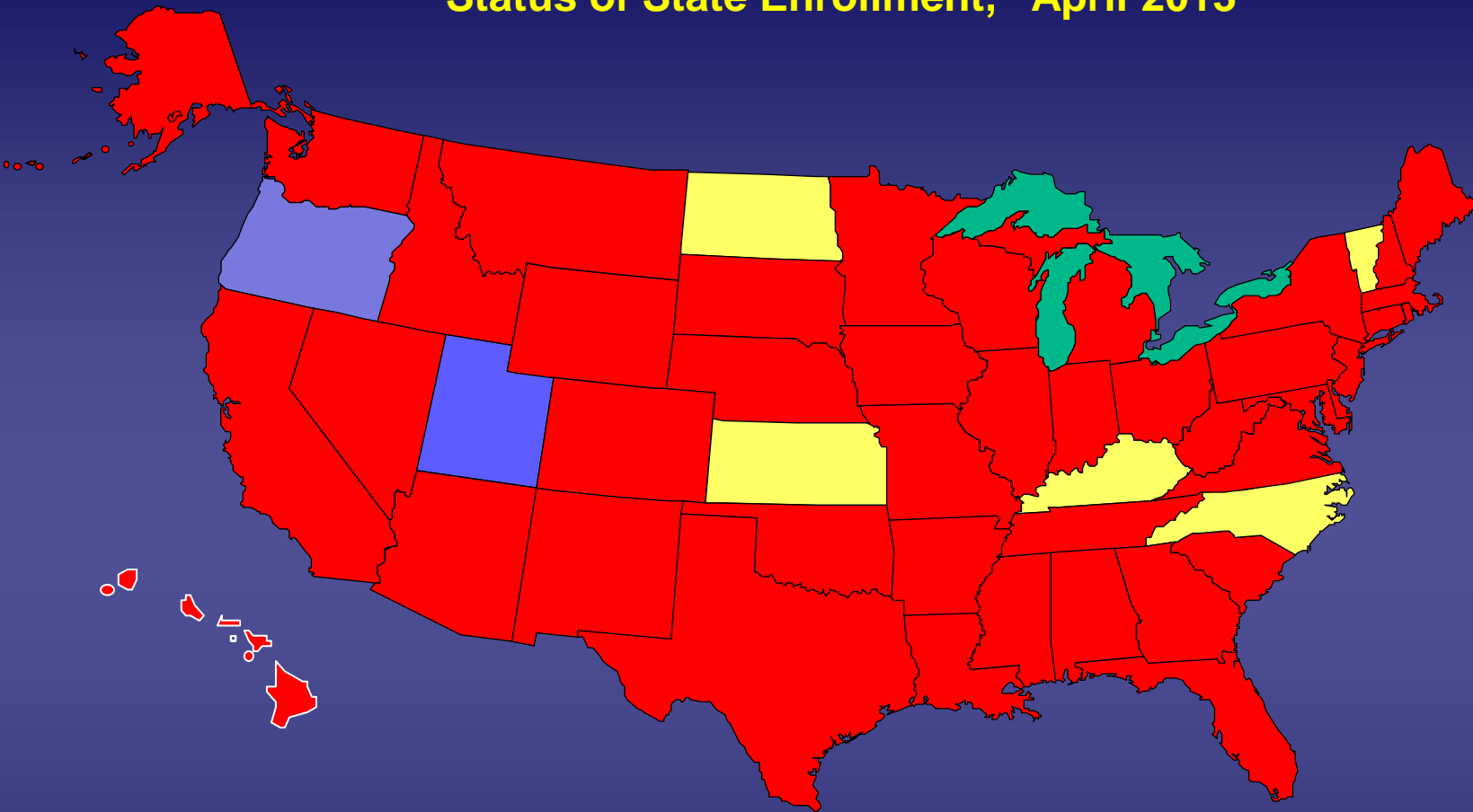
Purpose of the System

To systematically collect, analyze and report comprehensive CDR data on :

- Child, family, supervisor and perpetrator information
- Investigation actions
- Services needed, provided or referred
- Risk factors by cause of death
- Recommendations and actions taken to prevent deaths
- Factors affecting the quality of your case review

National Center for Child Death Review: Case Reporting System

Status of State Enrollment, April 2013



- Participating
- Enrollment in process
- No Plans

FEATURES



- Web Based
- Real time data
- Easy to track/monitor cases from local to state level
- Comprehensive, Prevention Focused
- Local, State and National Users
- Enter, Search, Print, & Download Data
- 32 standardized Reports
- It's adaptable
- Can migrate old data into it.
- We provide all training and help desk support.
- It's free

The Child Death Review Case Reporting System

From Case Review to Data to Action

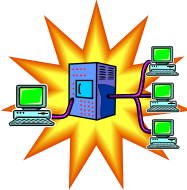
Step 1: Complete case review of child death.



Step 2: Complete CDR Case Report Online at www.cdrdata.org.



Step 4: Servers sort and store data and permit access according to state requirements.



Step 3: Send Report through Web, to servers at MPHI



Step 5: State and local teams and national CDR download standardized reports and/or download data to create custom reports.



Step 6: Reports and data are used to advocate for actions to prevent child deaths and to keep children healthy, safe and protected.



With the Internet

- You do not need specialized software
- If you have access to the Internet and Microsoft Internet Explorer 6.0 or Firefox, you can use this system
- System updates are centralized and taken care of routinely for all users at once
- Users are controlled.
- Michigan Public Health Institute designed the software for the web-based application

Security

- Secured login to website
 - Everyone has individual accounts approved by their state administrator
- Data transmission is protected by 128-bit secured sockets layer (SSL)
 - Strongest commercially available
- Multiple firewalls protect the servers where the data is stored

Permissions

- Local Users can only enter and view specific case reports for non NYS SSL Section 20 cases.
- State Users can enter and view case reports for all NYS SSL Section 20 cases in their region
- National Center staff can view only de-identified data across all states

Confidentiality

- Prior to the issuance of NCCDR login and password, all CFRT users must sign a confidentiality/re-disclosure agreement
- Data is owned by the state and local team
- All data entered should be in compliance with NYS laws
- The Receiver of the data, the Michigan Public Health Institute, is not subject to the Freedom of Information Act (FOIA)

Confidentiality

- No state identified data will be released for national-level reports without state approval
 - When released this data will be de-identified
- National Center staff cannot view identifiable data
 - Data are de-identified by HIPAA standards

HIPAA De-Identified

- Case number
 - State of review and year of review are kept
- Birth certificate and death certificate numbers
- Child's name
- Date of birth
- Date of death (year of death is kept)
- Address
- Date and Time of incident
- Incident county
- Narrative
- Form completed by – name and contact information

Resources

- Paper Forms
- User Manual
- Data Dictionary
- Codebook for data download
- Microsoft Macro for ACCESS database

Part II The Paper Form

- Appears lengthy at 16 pages
- When to use the form?

**NATIONAL CENTER FOR
CHILD DEATH REVIEW**

KEEPING KIDS ALIVE

Understanding How
and Why Children Die
& Taking Actions to
Prevent Child Deaths

Child Death Review Case Reporting System

Case Report 2.0
Effective January 2008

Instructions:

This case report is a component of the web-based CDR Case Reporting System. It can be used alone as a paper instrument, but its full potential is reached when the data from this form is entered into the CDR Case Reporting System. This system is available to states from the National Center for Child Death Review and requires a data use agreement to state and local data entry. System functions include data entry, case report editing and printing, data download and standardized reports.

The purpose of this form is to collect comprehensive information from multiple agencies participating in a child death review. It can be partially filled out before a meeting. The form documents the circumstances involved in the death, investigative actions, services provided or needed, key risk factors and actions recommended and/or taken by the CDR team to prevent other deaths.

While this data collection form is an important part of the child death review process, the form should not be the central focus of the review meeting. Experienced users have found that it is best to assign a person to record data while the team discussions are occurring. Persons should not attempt to answer every single question in a step by step manner as part of the team discussion.

It is not expected that teams will have answers to all of the questions related to a death. However, over time teams begin understanding the importance of data collection and bring necessary information to the meeting. They find that the percentage of unknowns and unanswered questions decreases as the teams become more familiar with the form.

The form contains three types of questions: (1) Those that users should only select one response represented by a circle; (2) Those in which users can select several responses represented by a square; and (3) Those in which users enter text. The last type is depicted by 'specify' or 'describe'.

Most questions have a selection for unknown (UNK). A question should be marked 'unknown' if an attempt was made to find the answer, but no clear or satisfactory response was obtained; questions should be left blank (unanswered) if no attempt was made to find the answer. 'NA' stands for 'Not Applicable' and should be used if the question is not applicable. For example, use NA for 'level of education' if child is an infant.

This edition is Version 2.0, effective January 2008. Additional paper forms can be ordered from the National Center at no charge. Users interested in participating in the web-based case reporting system for data entry and reporting should contact the National Center for Child Death Review.

Phone: 1-800-696-2434 Email: info@childdeathreview.org Website: www.childdeathreview.org Data entry website: <https://cdmr.org>

The form was developed by a work group of over 25 persons, representing 10 states and the Maternal and Child Bureau of HRSA/4445.

Copyright: National Center for Child Death Review Policy and Practice, October 2007

When to Use the Form

- Try not to let the form run the review
- Use the form as a guide for discussion
- Fill in questions as you can
- It will be helpful if you can fill out information that is known before the meeting, such as demographics

Don't be Discouraged

It is normal not to have information on new data elements at first

- It will take time to learn what the new data elements are and where to find the information
- Allow the form to prompt you on what is needed for next time

Answer Options

Multiple Choice

- ☒ No
- ☐ Yes
- ☐ Unknown

Fill in the Blank

pounds

Check All That Apply

- ☒ White
- ☒ Black, African American
- ☐ Native Hawaiian
- ☐ Pacific Islander
- ☐ Asian
- ☐ American Indian
- ☐ Alaskan Native
- ☐ Unknown

Tips on Answering Questions

Don't check more than one box unless it says "Check all that apply", circles mean only one answer.

A. CHILD INFORMATION					
1. Child's name: First: Middle: Last: <input type="radio"/> U/K					
2. Date of birth: <input type="radio"/> U/K mm / dd / yyyy	3. Date of death: <input type="radio"/> U/K mm / dd / yyyy	4. Age: <input type="radio"/> Years <input type="radio"/> Months <input type="radio"/> Days <input type="radio"/> Hours <input type="radio"/> Minutes <input type="radio"/> U/K	5. Race, check all that apply: <input type="radio"/> U/K <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Asian, specify: <input type="checkbox"/> American Indian, Tribe: <input type="checkbox"/> Alaskan Native, Tribe:	6. Hispanic or Latino origin? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	7. Sex: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> U/K
8. Residence address: <input type="radio"/> U/K Street Apt. City County State Zip		9. Type of residence: <input type="radio"/> Parental home <input type="radio"/> Relative home <input type="radio"/> Jail/Detention <input type="radio"/> Licensed group home <input type="radio"/> Living on own <input type="radio"/> Other, specify: <input type="radio"/> Licensed foster home <input type="radio"/> Shelter <input type="radio"/> Relative foster home <input type="radio"/> Homeless <input type="radio"/> U/K			10. New residence in past 30 days? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K

Tips on Answering Questions

- Some questions have additional parts
- Watch for “Other, specify” and “If yes, then”

3. Autopsy performed?

☐ No ☐ Yes ☐ U/K

If yes, conducted by:

- ☐ Forensic pathologist
- ☐ Pediatric pathologist
- ☐ General pathologist
- ☐ Unknown pathologist
- ☐ Other physician
- ☐ Other, specify:
- ☐ U/K

Tips on Answering Questions

Watch for skip patterns

a. Type of weapon:

- ☐ Firearm, go to b
- ☐ Sharp instrument, go to j
- ☐ Blunt instrument, go to k
- ☐ Person's body part, go to l
- ☐ Explosive, go to m
- ☐ Rope, go to m
- ☐ Pipe, go to m
- ☐ Biological, go to m
- ☐ Other, specify and go to m:

- ☐ UK, go to m

Tips on Answering Questions

Check “Unknown”

- If you have tried to find the information to answer a question, but could not get a definite answer

Leave Blank

- If you did not try to locate the information to answer the question

Form Overview

Cause of death sections in yellow

- To help distinguish sections of the form

Case Number

- Specific to each state

state number - team or regional office number -year-
case sequence

Example: 35– 0012 – 2009 – 0001

Example: 35– 0093 – 2009 – 0001

Form Overview

Can collect information on:

- two caregivers
- one supervisor, and
- two persons total causing or contributing to the death

1. Primary caregiver(s):

Select only one per column.

One

Two

- | | |
|-----------------------|---|
| <input type="radio"/> | Self, go to Sect. C |
| <input type="radio"/> | <input type="radio"/> Biological parent |
| <input type="radio"/> | <input type="radio"/> Adoptive parent |
| <input type="radio"/> | <input type="radio"/> Step parent |
| <input type="radio"/> | <input type="radio"/> Foster parent |
| <input type="radio"/> | <input type="radio"/> Mother's partner |
| <input type="radio"/> | <input type="radio"/> Father's partner |
| <input type="radio"/> | <input type="radio"/> Grandparent |
| <input type="radio"/> | <input type="radio"/> Sibling |
| <input type="radio"/> | <input type="radio"/> Other relative |
| <input type="radio"/> | <input type="radio"/> Friend |
| <input type="radio"/> | <input type="radio"/> Institutional staff |
| <input type="radio"/> | <input type="radio"/> Other, specify: |
| <input type="radio"/> | <input type="radio"/> U/K |

Form Overview

Choose only one manner and one cause of death

F. OFFICIAL MANNER AND PRIMARY CAUSE OF DEATH

1. Official manner of death from the death certificate:

- ☐ Natural
- ☐ Accident
- ☐ Suicide
- ☐ Homicide
- ☐ Undetermined
- ☐ Pending
- ☐ U/K

2. Primary cause of death: Choose only one of four, then a specific cause. For pending, choose most likely cause.

☐ From an injury (external cause), select one:

- ☐ Motor vehicle and other transport, go to G1
- ☐ Fire, burn, or electrocution, go to G2
- ☐ Drowning, go to G3
- ☐ Asphyxia, go to G4
- ☐ Weapon, including body part, go to G6
- ☐ Animal bite or attack, go to G7
- ☐ Fall or crush, go to G8
- ☐ Poisoning, overdose or acute intoxication, go to G9
- ☐ Exposure, go to G10
- ☐ Undetermined. If under age one, go to G5 & G12
If over age one, go to G12
- ☐ Other cause, go to G12
- ☐ U/K, go to G12

☐ From a medical cause, select one:

- ☐ Asthma, go to G11
- ☐ Cancer, specify and go to G11
- ☐ Cardiovascular, specify and go to G11
- ☐ Congenital anomaly, specify and go to G11
- ☐ HIV/AIDS, go to G11
- ☐ Influenza, go to G11
- ☐ Low birth weight, go to G11
- ☐ Malnutrition/dehydration, go to G11
- ☐ Neurological/seizure disorder, go to G11
- ☐ Pneumonia, specify and go to G11
- ☐ Prematurity, go to G11
- ☐ SIDS, go to G5
- ☐ Other infection, specify and go to G11
- ☐ Other perinatal condition, specify and go to G11
- ☐ Other medical condition, specify and go to G11
- ☐ Undetermined. If under age one, go to G5 and G11. If over age one, go to G11.
- ☐ U/K. If under age one, go to G5 and G11. If over age one, go to G11.

☐ Undetermined if injury or medical cause, go to G12

☐ U/K go to G12

Form Overview

Fill out a single section of *G. Detailed Information on Cause of Death*

5. SIDS AND UNDETERMINED CAUSE UNDER ONE YEAR OF AGE

a. Child exposed to 2nd-hand smoke?

☐ No ☐ Yes ☐ U/K

If yes, how often?

☐ Frequently
☐ Occasionally
☐ U/K

b. Child overheated? ☐ No ☐ Yes ☐ UK

If yes, Outside temp ____ deg. F

Check all that apply:

☐ Room too hot, temp ____ deg. F
☐ Too much bedding
☐ Too much clothing

c. History of seizures?

☐ No ☐ Yes ☐ U/K

If yes, # ____

If yes, witnessed?

☐ No ☐ Yes ☐ U/K

d. History of apnea?

☐ No ☐ Yes ☐ U/K

If yes, # ____

If yes, witnessed?

☐ No ☐ Yes ☐ U/K

e. For SIDS, go to Section H, page 11. For undetermined injury cause to infants also complete G12, page 11, then go to Section H. For undetermined or unknown medical cause to infants also complete G11, page 10, then go to Section H.

Form Overview

Section H is follow up regardless of cause of death: # possible scenarios

H. OTHER CIRCUMSTANCES OF INCIDENT- ANSWER RELEVANT SECTIONS

1. DID DEATH OCCUR WHILE CHILD SLEEPING OR IN A SLEEPING ENVIRONMENT?

☐ No, go to H2 ☐ Yes ☐ U/K, go to H2

a. Incident sleep place:

- ☐ Crib ☐ Playpen ☐ Carseat/stroller
☐ Bassinette ☐ Couch ☐ Other, specify:
☐ Adult bed ☐ Chair
☐ Waterbed ☐ Floor ☐ U/K

If adult bed, what type?

- ☐ Twin ☐ King
☐ Full ☐ Other, specify:
☐ Queen ☐ U/K

b. Child put to sleep:

- ☐ On back
☐ On stomach
☐ On side
☐ U/K

c. Child found:

- ☐ On back
☐ On stomach
☐ On side
☐ U/K

d. Usual sleep place:

- ☐ Crib ☐ Couch ☐ U/K
☐ Bassinette ☐ Chair
☐ Adult bed ☐ Floor
☐ Waterbed ☐ Carseat/stroller
☐ Playpen ☐ Other, specify:

If adult bed, what type?

- ☐ Twin ☐ King
☐ Full ☐ Other, specify:
☐ Queen ☐ U/K

e. Usual sleep position:

- ☐ On back
☐ On stomach
☐ On side
☐ U/K

f. Was there a crib, bassinette or port-a-crib in home for child?

☐ No ☐ Yes ☐ U/K

g. Child in new/different environment?

☐ No ☐ Yes ☐ U/K
 If yes, specify:

Form Overview

Section I:

Answer whether an action/inaction directly caused the death or indirectly contributed to the death

3. What acts caused or contributed to the death?

Check only one per column and describe in narrative.

Caused

☐☐☐☐☐☐☐☐☐☐

Contributed

☐☐☐☐☐☐☐☐☐☐

Poor/absent supervision, go to 11

Child abuse, go to 4

Child neglect, go to 9

Other negligence, go to 10

Assault, not child abuse, go to 11

Religious/cultural practices, go to 11

Suicide, go to 28

Medical misadventure, specify and go to 12

Other, specify and go to 11

U/K, go to 11

Form Overview

Local and State prevention efforts resulting from reviews are tracked throughout the nation

2. What specific recommendations and/or actions resulted from the review? Check all that apply:

☐ No recommendations made, go to Section L

		Current Action Stage		Type of Action		Level of Action			
		<u>Recommendation</u>	<u>Planning</u>	<u>Implementation</u>	<u>Short term</u>	<u>Long term</u>	<u>Local</u>	<u>State</u>	<u>National</u>
Education	Media campaign	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	School program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Community safety project	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Provider education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Parent education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Public forum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part Three:
Entering a Case ~
and Our Never Ending Quest
for Data Quality**

Why is Data Quality Important?

- Consistency across users from comparisons.
- Makes analysis easier.
- Improves reviews.
- Reduces unknowns and missing.
- Guides prevention initiatives



General Points

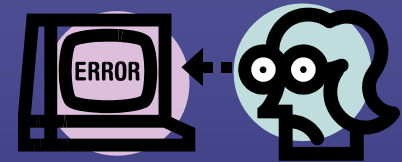
- Read the question and response options carefully.
- Consult your Data Dictionary!
- Contact your State Administrator and/or the National Center.



General Points

Data Quality Issues with Report Tool:

- Data Omission (Missing Data)
 - Failure to understand question
 - Information not available
- Data Inconsistency
 - Differences in definitions



General Points

- Confusion about use of “unknown” vs. leaving a question blank
 - Check “unknown” if you tried to find the information to answer the question, but no clear or satisfactory response was obtained.
 - Leave question blank (unanswered) if no attempt was made to find the answer or question is not applicable.
- Limit the use of the “other, specify”
- Be sure to run any definitions or “rules” by your State Coordinator

Quality assurance

- Skip patterns will hide questions not relevant to the case entered
- Cannot enter conflicting data into some questions
- Red asterisks will flag questions where the answer is not recognized - error messages will come up if you try to save the page

For what fatalities do we complete NCCDR data?

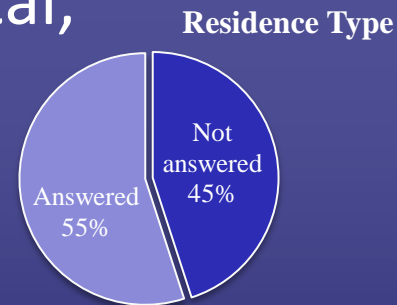
“Should we be putting in data on a death not reviewed by our team?”

“Am I supposed to fill out a report for each death in my county?”

“Does each child get his/her own case report/case ID?”

Section A – Child Information

- A9 & A10, Type of Residence
 - Residence information is often left blank. Please try to complete this important question.
 - For newborns who never left the hospital, residence is primary caregiver's.



- A22, History of Substance Abuse
 - For tobacco abuse of child, please select “Other, specify” and state “tobacco” in text box.

- Tobacco abuse of caregiver should be marked in Section B, Question 10, “Caregiver have substance abuse history” – select “other” and write in “tobacco.”
- Teams will need to decide if caregiver smoking in the home should be considered tobacco abuse.
- If the cause of death was “SIDS” or “Undetermined Cause Under Age One”, then Section G5a asks “if Child was exposed to 2nd hand smoke.”

“If a child died of prematurity, is that considered a ‘chronic disease’?” (Question A20)

Response: The answer is probably ‘no’ for most cases since prematurity is more of a perinatal condition. If the child was born premature and 18 months later died, and it was felt that prematurity was the cause of the death, then your team might decide to select prematurity as a chronic disease.

Sections A, B and C – Child, Caregiver and Supervisor

- A23, B11,B12, C10, History of Maltreatment
 - For unsubstantiated referrals, please select ‘Yes’ regarding history, unless the referral was found to be completely falsified.
- A23-26, C10, History of Maltreatment & CPS
 - This data is also not getting reported consistently. Your CPS representative should be bringing this information to meetings.

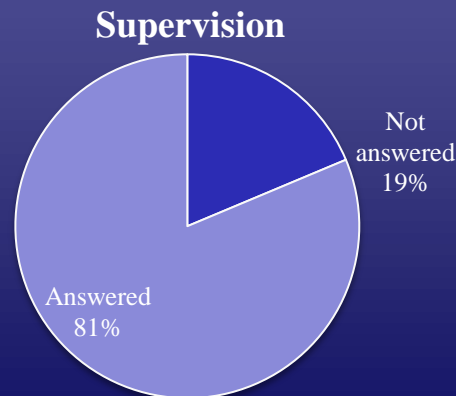
Section B (ctd)

- B5, Caregiver(s) Income Level
 - Often difficult to obtain but it is a marker for socioeconomic status (SES).

Income level categorized as “high” or “low” is a subjective response based on the local team’s decision. For some individuals, living in a very affluent community, ‘low’ may mean ‘middle’ for many of us. If a family is on public assistance, that would certainly help to identify the family as low income.

Section C (ctd)

- C1, Did Child have Supervision
 - Answer this question carefully. Consider all response options.
 - For example, infant sleeping in room next to parents. Even though child was asleep at time of incident and parents were in the next room, the child was still “supervised.”



Section C (ctd)

- C4, Primary Person Responsible for Supervision
 - You can only select one response.
 - If newborn infant dies in a hospital shortly after birth, in most circumstances, hospital staff should be listed as supervisor.



Section D – Incident Information

- Please answer Section D questions, even if case is a natural death.
 - For natural deaths, consider the ‘incident’ as the acute event leading to the death. For a child with a chronic illness, the incident date may be the same as the date of death with no acute event occurring.
- D1, Date of Incident
 - For newborns that do not leave the hospital, select ‘same as date of death.’

Section D (ctd)

- D2, Time of day that Incident Occurred
 - Reminder that this is the time incident occurred, not the time of death (but the incident could be same as death).
- D4, Place of Incident
 - Please note that this is a “check that all apply” question.
 - Reminder that question asks for place of incident and not place where child was pronounced dead.
 - For children that die of natural causes, with no acute event leading to the death, the incident place is usually the same as the place of death.

Section D

“Please give an example of ‘incident’ in a natural death.”

Response: If a child dies from a fatal asthmatic episode, the incident date would be the date of the onset of the asthma attack leading to the death. For example, if the child had an acute asthma attack at school, you would have a lot of information about the incident in terms of where the asthma attack occurred.

“What should ‘Child’s activity at time of incident’ be if child died at birth or lived only a few days?” (Question D12)

Response: Per the Data Dictionary, for natural deaths, determine if the child’s activity contributed to the onset of an acute incident leading to death. For children that died at birth or lived only a few days, please leave the question blank.

Section E – Investigation Information

- E1, Death Referred To
 - There is a difference between a medical examiner and a coroner. Please be sure you are selecting the correct one.
- E4, Scene Investigation
 - Mark the agencies that conducted an investigation at the death scene, not the agencies present or from whom there are records.

Section E (ctd)

- E8, Investigation Find Evidence of Prior Abuse
 - If no investigation was conducted, leave question blank.
- E10, Death in Licensed Setting, Action Taken
 - If infant dies in hospital, leave question blank.



Section F - Manner and Cause of Death

- F1, Manner of Death
 - Choose the **manner** of death from the death certificate.
- F2, Cause of Death
 - Use the **cause** of death from the death certificate that will take you to the section in G with the richest picture of the case. This should be a cause that is listed on the death certificate but may not necessarily be the first or last cause listed.
- If the team does not agree with the designations on the death certificate, this can be captured in Section L.

- F2, Cause of Death
 - For infant deaths in which the ME declared both manner and cause to be undetermined, please check 'Undetermined if injury or medical cause.'

“If the death certificate says ‘respiratory arrest,’ how does that get us to the SIDS section?” (Question F2)

Response: Because the death certificate can list more than one cause of death, it is up to your team deliberation to choose the cause of death that would take you to Section G (Cause) that would offer the most information in regards to prevention. If the death certificate was marked with both ‘respiratory arrest’ and ‘SIDS,’ then it is the team’s decision to mark the most appropriate cause in Question F2 (medical condition). The System will take users to the SIDS section (Section G5) only when ‘SIDS’ is marked in Question F2.

“What if the death certificate leaves official manner of death blank but manner of death makes it obvious that it is a natural cause? Can you put ‘Natural’ though this isn’t on the death certificate officially? Or do we request to amend the death certificate?” (Question F1)

Response: It is not uncommon for this to be blank on a death certificate.

Please ask your State Coordinator for guidance. From the National Center’s perspective, it is not problematic to enter ‘Natural’ for manner if the situation was clear cut. However, if manner was not obvious, then you may want to leave the question blank. You should also ask your medical examiner or coroner for their opinion.

“What category would maternal substance abuse leading to premature birth/death be classified as in Section F?” (Question F1,F2)

Response: For manner, select the official manner of death from the death certificate. For cause, you would probably select ‘prematurity’ or ‘other perinatal conditions’.

Some may have the death listed as accidental due to perinatal intoxication. As with many of the form’s questions, there is no right or wrong answer, and you should use your team’s discretion.

Section G1 - Motor Vehicle

- G1a, Vehicle
 - 'Bicycle' is an option for vehicles involved in incident. Treat a bicycle as a vehicle for the remainder of this section (d,g,h).
 - If child is a pedestrian, child's vehicle should be marked 'None.'
- G1b, Position of Child
 - Children boarding or blading are considered 'pedestrians.'

Section G1 – Motor Vehicle (ctd)

- G1c-d, Cause of Incident & Collision Type
 - For single vehicle rollovers, check 'Rollover' in G1c. If vehicle rolled and hit a ditch, mark 'Other event' in G1d.
- G1g, Drivers Involved
 - Please try to answer driver license status for all involved drivers.
 - If age of driver is unknown, you may enter '999' to indicate unknown age.
 - If age of driver is roughly known, you may enter your approximate age estimate.

“Is ‘rolled over’ child in driveway the same as vehicle rolled over and into ditch?” (Question G1c)

Response: If a child is backed over by a vehicle in a driveway, select ‘Back over’ in Question G1c. If a child is in a vehicle accident where a vehicle turns over on its side or roof, then select “Rollover” in Question G1c.

Section G4 – Asphyxia & Section G6 - Weapon

- Suicide by Hanging
 - Choose either cause of death = Asphyxia and Strangulation (Section G4) or cause of death = Weapon and Rope (Section G6), but be consistent within your state.

Section G6 – Weapon Including Person's Body Part

- Physical Abuse is recorded in Section G6 if it is the cause of death.
 - If Physical Abuse is not the cause of death, use Section I to record the abuse in Question I3.

Section G9 – Poisoning, Overdose or Acute Intoxication

- G9f, What is the difference between Accidental Overdose or Acute Intoxication?
 - Accidental overdose: Unintentionally administering medication above recommended safe dosage levels. Also includes children ingesting/exposed to agents (including nonpharmaceutical agents) without knowledge of adverse consequences.
 - Acute Intoxication: Refers to agents taken as a result of recreational use or addiction. It excludes suicide.

Section G12 – Other, Undetermined or Unknown Cause

- Section G12 is only completed if Cause of Death (F2) is one of the following:
 - External injury is Undetermined, Other or Unknown cause
 - Undetermined if injury or medical cause
 - Unknown cause of death
- Section G12 is not intended to be used for the Narrative (Section M).

Section H – Other Circumstances of Incident

- H1a,d – Incident & Usual Sleep Place
 - Port-a-crib or Pack ‘n Play should be marked as “Crib”.
 - If child was sleeping in a twin bed, select “Adult bed” and then specify “Twin” in the follow up question.

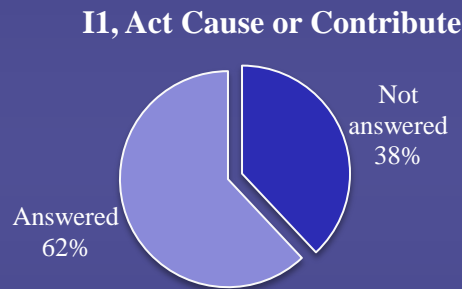


“Does crib count if they are in the NICU at death?” (Question H1)

Response: Yes, if an infant is in an ICU bed then select ‘crib.’

Section I – Acts of Omission and Commission

- This section should be considered for the majority of deaths, excluding natural deaths.



- I1, Act Cause or Contribute to Death
 - An act of homicide or suicide would be a ***cause*** of death.
 - An act such as failing to supervise a child may ***contribute*** to the death.

Section I – Acts of Omission and Commission

- I3, What Act Caused or Contributed to Death
 - This question is the one place on the form where you can provide more information for suicides, homicides, child abuse and neglect.
 - Check poor absent supervision if you believe it was a factor, but did not rise to the level of abuse or neglect.
 - “Suicide” leads you to I28 and I29 (detailed suicide risk factor questions).
 - “Other negligence” captures acts such as vehicular homicide from drunk driving, negligent manslaughter, etc.

Caused or Contributed?

Examples:

Caused: Abuse-Mother's boyfriend beat an infant to death.

Contributed: Neglect-Mother knew boyfriend was abusive to child.

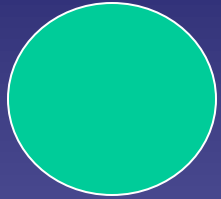
Caused: Suicide- Teen shot himself with a firearm

Contributed: Other negligence or supervision-Father knew son was suicidal but kept loaded and unlocked weapons in house.

Caused: Neglect-Mother would not seek medical attention for infant.

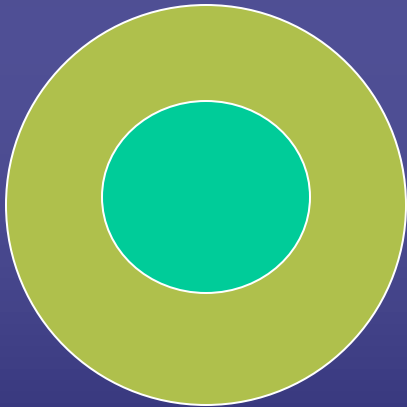
Contributed: Religious practices-Mother's religious beliefs opposed traditional medicine.

Section I 11



Chronic with Child

Versus



Pattern in Family

Section I (Acts of Omission or Commission)

“How do you answer Question I1 for a teenager who is riding with a drinking teenager?”

Response: This depends on your team's deliberation. A team could select that the crash was the direct cause and the drunken driver was the contributing cause. Or if the team felt that the driver was so incapacitated that he/she completely caused the accident to occur, the team could select the drunk driver as the direct cause.

Section J – Services to Family and Community

- 53% of our survey respondents “Always” try to complete this section.
- Respondents indicated they frequently don’t have this information; however, these questions should generate a conversation among the team.
 - Only 23% said they had more than 60% of the information needed to complete this section.

“Our team feels itself is a Review team, not an Intervention team. They would not want to put any effort into finding this info, even if it was available.”

Response: Section J is not just about interventions for the actual case but about looking forward and thinking about improving services, which is an important part of prevention as well. Ask your team to think about services that may have been identified as a result of this death that you feel need to be put in place for your community for the future – an opportunity to think through improvements and services in the community to help families in the future.

Section K – Prevention Initiatives

Resulting from the Review

- 52% of survey respondents say they ‘Always’ try to complete this section. Only 32% said they had more than 60% of the information they needed to complete this section.
- K1 “Could the death have been prevented” is frequently used in analysis
 - During team review, this question can drive a useful conversation.
- Please do not include recommendations or actions already in place.

Our recommendations rarely result from a specific case, rather, from an aggregate view. And the recommendations are made long after the cases are reviewed.”

Response: The National Center recognizes this difficulty and will continue to think about ways to design a specific module that would better capture the recommendations and prevention initiatives your team has designed in the aggregate.

The System, under Search, does give you the ability to retrieve all cases that have been marked to ‘add prevention actions at a later date.’ This aids your ability to add prevention actions at a later date.

Section L – The Review Meeting Process

- Please try to complete L5 (Factors that Prevented Effective Review) and L6 (Review Meeting Outcomes) in order to evaluate changes needed to your review process.
- L6 is the place to record the team's disagreement with the official manner or cause of death.



Section M – Narrative

- The responses don't always tell the complete story. Often, even a short narrative here goes a long way to communicate what happened in the case.
- Do not record identifying information in the narrative (names, addresses).
- Exclude information already provided elsewhere in the form.

Log In

- Log Into **training.cdrdata.org**
- Enter your User ID and Password

If you get locked out-wait 60 minutes or call us

Welcome Page – Main Menu



FEATURES



[Enter a New Case](#)
[Search for an Existing Case](#)
[Create Standardized Reports](#)
[Download Your Data](#)
[Help](#)
[Logout](#)

Understanding How
and Why Children Die
& Taking Actions to
Prevent Child Deaths



Welcome Adams County, Pennsylvania

Why do children die in Pennsylvania? Which deaths might have been prevented?

These questions are the motivating force behind the PA Child Death Review Program. A child death review is a multi-agency, multi-disciplinary process that routinely and systematically examines the circumstances surrounding child deaths in a given geographical area and a given age group.

The PA Child Death Review Team is comprised of pediatricians, forensic pathologists, coroners/medical examiners, representatives from PA Depts. of Health, Public Welfare, Community Affairs, the Attorney Generals office, social services and law enforcement. The aggregate information will be shared with legislators and state policy makers in order to concentrate funding and program priorities on appropriate prevention strategies.

The Pennsylvania Child Death Review Program has 44 local teams representing 48 counties reviewing over 90% of child deaths in Pennsylvania (Feb 2002).

For more information contact:
[Vick Zittle](#), Program Director
[Yvonne McCalla](#), Program Assistant

[PA Chapter, American Academy of Pediatrics](#)
919 Conestoga Road, Bldg 2, Suite 307
Rosemont, PA 19010

Phone: 800-916-9776
Fax: 610-520-9177

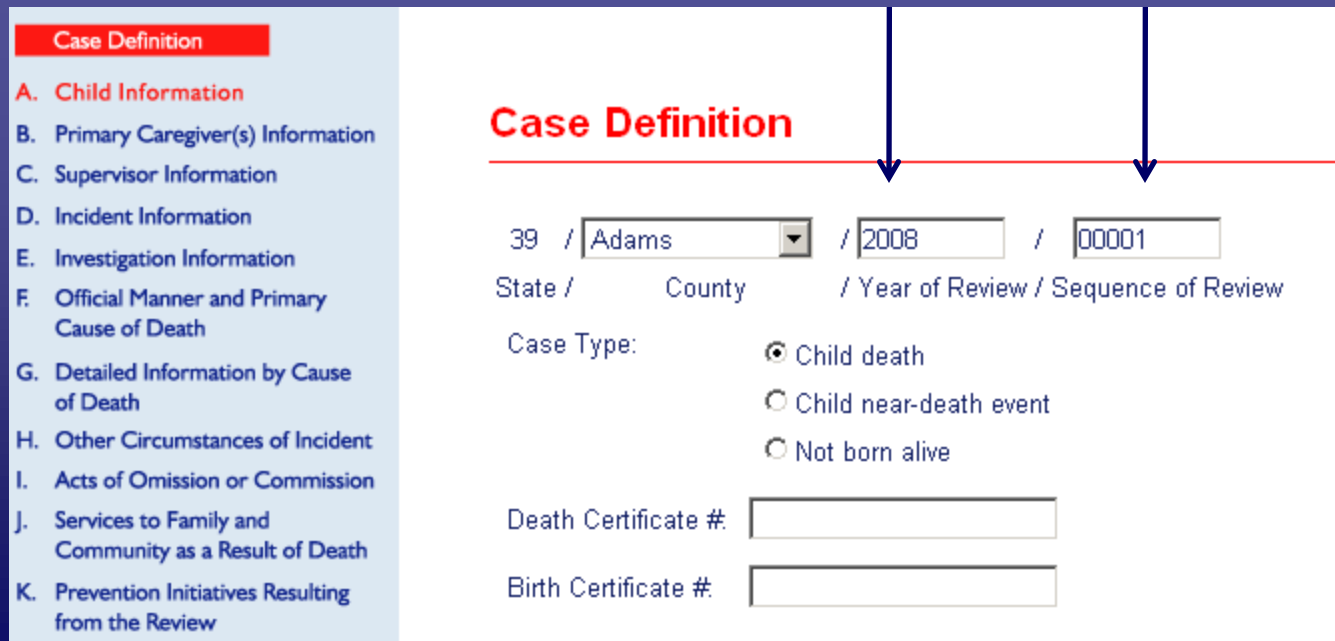
Navigation

- Use side menu bar or bottom and top of save and continue
- Do not use the back button
- You can move anywhere at anytime-but you will lose skip patterns first time through
- Time out after 60 minutes-wait an hour
- Beware of red asterisks *

Entering/Editing a Case

The first data entry page is where you define the case number

You can edit Year and Sequence



The screenshot shows a web-based form titled "Case Definition". On the left is a sidebar with a list of sections: A. Child Information, B. Primary Caregiver(s) Information, C. Supervisor Information, D. Incident Information, E. Investigation Information, F. Official Manner and Primary Cause of Death, G. Detailed Information by Cause of Death, H. Other Circumstances of Incident, I. Acts of Omission or Commission, J. Services to Family and Community as a Result of Death, and K. Prevention Initiatives Resulting from the Review. The main content area is titled "Case Definition" in red. It contains a form for entering case details. At the top, there is a horizontal line. Below this line, the case number is displayed as "39 / Adams / 2008 / 00001". The "Adams" field is a dropdown menu. Below the case number, the labels "State / County / Year of Review / Sequence of Review" are shown. Under "Case Type:", there are three radio button options: "Child death" (selected), "Child near-death event", and "Not born alive". At the bottom, there are two text input fields labeled "Death Certificate #" and "Birth Certificate #". Two blue arrows point from the top of the form to the "2008" and "00001" fields, indicating that these fields can be edited.

Case Definition

A. Child Information
B. Primary Caregiver(s) Information
C. Supervisor Information
D. Incident Information
E. Investigation Information
F. Official Manner and Primary Cause of Death
G. Detailed Information by Cause of Death
H. Other Circumstances of Incident
I. Acts of Omission or Commission
J. Services to Family and Community as a Result of Death
K. Prevention Initiatives Resulting from the Review

Case Definition

39 / Adams / 2008 / 00001
State / County / Year of Review / Sequence of Review

Case Type:
☒ Child death
☐ Child near-death event
☐ Not born alive

Death Certificate #:

Birth Certificate #:

Enter Cases



Case Definition

- A. Child Information
- B. Primary Caregiver(s) Information
- C. Supervisor Information
- D. Incident Information
- E. Investigation Information
- F. Official Manner and Primary Cause of Death
- G. Detailed Information by Cause of Death
- H. Other Circumstances of Incident
- I. Acts of Omission or Commission
- J. Services to Family and Community as a Result of Death
- K. Prevention Initiatives Resulting from the Review
- L. The Review Meeting
- M. Narrative
- N. Form Completed by:

Print This Section

Save and Exit

[Click here for Section A help](#)

A. Child Information

1. Child's Name:

First:

☐ Unknown

Middle:

Last:

2. Date of Birth:

(i.e. MM/DD/YYYY)

☐ Unknown

3. Date of Death:

(i.e. MM/DD/YYYY)

☐ Unknown

Part IV

Using Your Data

Search Cases

In Version 2.1, you can also search for prevention updates.

The screenshot shows a web application interface for searching cases. At the top, there is a logo with a stylized 'A' and the text 'KEEPING KIDS ALIVE'. Below the logo is a red horizontal bar. The main content area is divided into two columns. The left column has a light blue background and contains a list of search options: 'Search for Last Name', 'Search for Case Number', 'Search for Date of Death', 'Search for Manner of Death', 'Search for Cause of Death', 'Search for Date of Entry', 'Search for Entry Incomplete', 'Search for Prevention Updates', 'View All Cases', and 'Return to Main Menu'. The right column has a white background and is titled 'Search for Last Name' in red. Below the title, there is a text input field with the placeholder text 'Enter Last Name (or partial):' and the value 'rob' entered. Above the input field, there is a line of text explaining the search functionality: 'If you are not sure of the spelling for a last name example, entering 'st' will return all cases where'.

KEEPING KIDS ALIVE

Search for Last Name

If you are not sure of the spelling for a last name example, entering 'st' will return all cases where

Enter Last Name (or partial):

Search for Last Name

Search for Case Number

Search for Date of Death

Search for Manner of Death

Search for Cause of Death

Search for Date of Entry

Search for Entry Incomplete

Search for Prevention Updates

View All Cases

Return to Main Menu

View All Cases

23 cases returned.

[Print This List](#)

Case Number ▲	Last Name	Date of Death			
23-01-2004-0001	Williams	10/20/2004	Edit	Print	Delete
23-01-2006-0001	Jones	12/12/2006	Edit	Print	Delete
23-01-2006-0002	Allen	5/6/2004	Edit	Print	Delete
23-01-2007-0001	Smith	8/16/2006	Edit	Print	Delete
23-01-2007-0002	Swanson	9/15/2006	Edit	Print	Delete
23-01-2007-0003	Adams	7/20/2005	Edit	Print	Delete
23-01-2007-0004	Andrews	6/10/2004	Edit	Print	Delete
23-01-2007-0005	Doe	1/5/2007	Edit	Print	Delete
23-01-2007-0006	Roberts	11/9/2006	Edit	Print	Delete
23-01-2007-0007	Sanders	2/12/2006	Edit	Print	Delete
23-01-2007-0008	Brown	3/15/2006	Edit	Print	Delete
23-01-2007-0009	Edwards	6/10/2006	Edit	Print	Delete
23-01-2007-0010	Martin	7/9/2006	Edit	Print	Delete
23-01-2007-0011	Nelson	5/2/2006	Edit	Print	Delete
23-01-2007-0012	Gates	10/20/2006	Edit	Print	Delete
23-01-2007-0013	Stevens	3/8/2006	Edit	Print	Delete
23-01-2007-0014	Diamond	12/3/2006	Edit	Print	Delete
23-01-2007-0015	James	6/7/2006	Edit	Print	Delete
23-01-2007-0016	Hanson	9/20/2006	Edit	Print	Delete
23-01-2007-0017	Ivy	2/25/2006	Edit	Print	Delete

[First](#) [Previous](#)

Page 1 of 2

[Next](#) [Last](#)



G. DETAILED INFORMATION BY CAUSE OF DEATH: CHOOSE ONE SECTION ONLY matching the cause of death selected above

1. MOTOR VEHICLE AND OTHER TRANSPORT

a. Vehicles involved in incident: Total number of vehicles: _____ <u>Child's</u> <u>Other primary vehicle</u> <input type="radio"/> None <input checked="" type="radio"/> Car <input type="radio"/> Van <input type="radio"/> Sport utility vehicle <input type="radio"/> Truck <input type="radio"/> Semitractor/trailer <input type="radio"/> RV <input type="radio"/> School bus <input type="radio"/> Other bus <input type="radio"/> Motorcycle <input type="radio"/> Tractor <input type="radio"/> Other farm vehicle <input type="radio"/> All terrain vehicle <input type="radio"/> Snowmobile <input type="radio"/> Bicycle <input type="radio"/> Train <input type="radio"/> Subway <input type="radio"/> Trolley <input type="radio"/> Other, specify: k b <input type="radio"/> UK		b. Position of child: <input checked="" type="radio"/> Driver <input type="radio"/> Passenger <input type="radio"/> Front seat <input type="radio"/> Back seat <input type="radio"/> Truck bed <input type="radio"/> Other, specify: UK <input type="radio"/> On bicycle <input type="radio"/> Pedestrian <input type="radio"/> Walking <input type="radio"/> Boarding/alighting <input type="radio"/> Other, specify: UK <input type="radio"/> UK		c. Causes of incident, check all that apply: <input type="checkbox"/> Speeding over limit <input type="checkbox"/> Unsafe speed for conditions <input checked="" type="checkbox"/> Recklessness <input type="checkbox"/> Ran stop sign/red light <input checked="" type="checkbox"/> Driver distraction <input type="checkbox"/> Driver inexperience <input type="checkbox"/> Mechanical failure <input type="checkbox"/> Poor tires <input type="checkbox"/> Poor weather <input checked="" type="checkbox"/> Poor visibility <input type="checkbox"/> Drugs or alcohol use <input type="checkbox"/> Fatigue/sleeping <input type="checkbox"/> Medical event, specify: <input type="checkbox"/> Back over <input checked="" type="checkbox"/> Rollover <input type="checkbox"/> Poor sight line <input type="checkbox"/> Car changing lanes <input type="checkbox"/> Road hazard <input checked="" type="checkbox"/> Animal in road <input type="checkbox"/> Cell phone use while driving <input type="checkbox"/> Racing, not authorized <input type="checkbox"/> Other driver error, specify: <input type="checkbox"/> Other, specify: UK		d. Collision type: <input type="radio"/> Child not in/on a vehicle, but struck by a vehicle. <input checked="" type="radio"/> Child in/on a vehicle, struck by other vehicle. <input type="radio"/> Child in/on a vehicle that struck other vehicle. <input type="radio"/> Child in/on a vehicle that struck person or object. <input type="radio"/> Other, specify: UK																																																																					
		e. Driving conditions, check all that apply: <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Wet <input checked="" type="checkbox"/> Loose gravel <input type="checkbox"/> Construction zone <input checked="" type="checkbox"/> Muddy <input type="checkbox"/> Inadequate lighting <input type="checkbox"/> Ice/snow <input type="checkbox"/> Other, specify: <input checked="" type="checkbox"/> Fog <input type="checkbox"/> UK		f. Location of incident, check all that apply: <input type="checkbox"/> City street <input type="checkbox"/> Driveway <input type="checkbox"/> Residential street <input type="checkbox"/> Parking area <input checked="" type="checkbox"/> Rural road <input type="checkbox"/> Off road <input type="checkbox"/> Highway <input type="checkbox"/> Railroad crossing/tracks <input type="checkbox"/> Intersection <input type="checkbox"/> Shoulder <input type="checkbox"/> UK <input type="checkbox"/> Sidewalk																																																																							
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Drivers involved in incident: <u>Child as Driver</u> <u>Child's Driver</u> <u>Driver of other primary vehicle</u> <table border="0"> <thead> <tr> <th></th> <th>16</th> <th>16</th> <th></th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Age of Driver</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>Responsible for causing incident</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>Was alcohol/drug impaired</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>Has no license</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Has a learner's permit</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Has a graduated license</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td>Has a full license</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>Has a full license that has been restricted</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Has a suspended license</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>If recreational vehicle, has driver safety certificate</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Other, specify:</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Was violating graduated licensing rules:</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td> Nighttime driving curfew</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td> Passenger restrictions</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td> Driving without required supervision</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Other, specify:</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td> UK</td></tr> </tbody> </table>			16	16		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Age of Driver	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Responsible for causing incident	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Was alcohol/drug impaired	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Has no license	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has a learner's permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has a graduated license	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Has a full license	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Has a full license that has been restricted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has a suspended license	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If recreational vehicle, has driver safety certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other, specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was violating graduated licensing rules:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nighttime driving curfew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Passenger restrictions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driving without required supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other, specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UK	h. 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[illegible]

33 reports are readily available

Factors Involved in Sleep-Related Deaths



Review Year Range: 2005 to 2010

Michigan

Child Deaths Reviewed

All Cases

	Age Group								
	0-1 Mos	2-3 Mos	4-5 Mos	6-7 Mos	8-11 Mos	1-4 Yrs	5 Yrs Up	Unk	Total
Deaths Reviewed	0	0	0	0	0	0	0	0	0
Not in a crib or bassinette	0	0	0	0	0	0	0	0	0
Not sleeping on back	0	0	0	0	0	0	0	0	0
Unsafe bedding or toys	0	0	0	0	0	0	0	0	0
Sleeping with other people	0	0	0	0	0	0	0	0	0
Obese adult sleeping with child	0	0	0	0	0	0	0	0	0
Adult was alcohol impaired	0	0	0	0	0	0	0	0	0
Adult was drug impaired	0	0	0	0	0	0	0	0	0
Caregiver/Supervisor fell asleep while bottle feeding	0	0	0	0	0	0	0	0	0
Caregiver/Supervisor fell asleep while breast feeding	0	0	0	0	0	0	0	0	0

Footnote: Columns do not add up to total deaths because the factors are not mutually exclusive. If factor is unknown, it is not included in these counts. Portable cribs may inadvertently be counted as not in a crib or bassinette since they are typically coded as "other". Unsafe bedding or toys include pillow, comforter, stuffed toy, and other toy.

“Any plans to have reports that you can create - i.e. all children that drowned in one city or county or zip code?”

Response: You can run any report you want if you download the data for different combinations of jurisdictions. Standardized reports are limited by the 33 types. If additional funding becomes available to support further modification of the System, then additional customization of the Standardized Reports may be available.

Data Download



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Download Your Data

Download All Sections

[All Tables \(.zip File\)](#)

Download a Section

[Table tCase - Case Definition](#)

[Table tINF - Section A](#)

[Table tGIV - Section B](#)

[Table tSUP - Section C](#)

[Table tINC - Section D](#)

[Table tINV - Section E](#)

[Table tCAU - Section F, G12](#)

[Table tVEH - Section G1](#)

[Table tFIR - Section G2](#)

[Table tDRO - Section G3](#)

[Table tSUF - Section G4](#)

[Table tSID - Section G5](#)

[Table tWEA - Section G6](#)

[Table tBIT - Section G7](#)

[Table tFAL - Section G8](#)

[Table tPOI - Section G9](#)

[Table tEXP - Section G10](#)

[Table tMED - Section G11](#)

[Table tCIR - Section H](#)

[Table tACT - Section I 1-27](#)

[Table tACT2 - Section I 28-29](#)

[Table tPRV - Section J, K](#)

[Table tREV - Section L, M, N](#)

Understanding How
and Why Children Die

 Taking Actions to
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When Downloading Data

- Supporting documents
 - Codebook: gives you the values for every item
 - Microsoft Access macro: allows you to import tables into Access

Data Dissemination Policy

- Respond to requests for counts.
- Create reports with states for publication.
- Allow access to aggregated data, using a committee of states and a formal application process, FOR BONA FIDE RESEARCHERS AND FEDERAL AGENCIES ONLY

Accounts Administration



Accounts Administration

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Contact Information for the National MCH Center for Child Death Review:

2440 Woodlake Circle, Suite 150
Okemos, MI 48864

Phone: 1-800-656-2434
Fax: (517) 324-7365
Email: info@childdeathreview.org



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Guide for Effective Child Death Reviews [.pdf](#)
Child Death Review Case Report Form [.pdf](#)
Internet Database User Manual [.pdf](#)
Internet Database User Manual for State Administrators [.pdf](#)
Internet Database Error Report Form [.pdf](#)
Data Dictionary [.pdf](#)
Data Codebook for Download [.pdf](#)
Macro to Import Data into Microsoft Access [.mdb](#)



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Macro to Import Data into Microsoft Access [.mdb](#)



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Version 3 Enhancements

- All users are offered the expanded SUID Case Registry questions
- Enhanced search features
- Greater flexibility for granting user permissions
- An easier snapshot of select data for download
- Ability of states to add a few custom questions
- Improved navigation between sections
- Multi-jurisdiction logins

Version 3 Enhancements

- Cross-referencing of caregivers, supervisors and people who directly caused or contributed to the event
- Ability to de-select radio dial responses
- Data Dictionary is more easily available with every question
- Ability to upload vital statistics data before a case is created to minimize transposition errors
- Users can upload a scene re-creation photo
- Calendar date-pickers are available for date fields

Thank You

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